

Missouri

UNIFORM APPLICATION

FY 2024 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

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III. Expenditure Period

State Expenditure Period

From 7/1/2022

To 6/30/2023

Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

IV. Date Submitted

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Coordination of Primary Care and Behavioral Health Services

Priority Type: SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Coordinate consumers' primary and behavioral healthcare in order to improve health and reduce medical costs.

Objective:

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Strategies to attain the goal:

- 1) Continue to coordinate preventative and primary care for Health Home participants
- 2) Continue outreach to Medicaid-enrolled adults who have a substance use disorder and/or serious mental illness, have high annual healthcare costs, and are not currently enrolled in behavioral health treatment
- 3) contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Home Programs.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of participants in Health Homes per fiscal year

Baseline Measurement: 31,976

First-year target/outcome measurement: 31,500

Second-year target/outcome measurement: 31,500

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Medicaid Data

New Data Source(if needed):

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Description of Data:

The number of Health Home participants is determined from a Per Member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency, MO HealthNet, on a monthly basis. These are individuals who participated at any time during the specified fiscal year.

New Description of Data:(if needed)

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Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in Health Home in FY2022 is 32,190.

Second Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of participants in Health Home in FY 2023 is 35,901.

Indicator #:

2

Indicator:

Number of participants in DM 3700 per fiscal year

Baseline Measurement:

6,911

First-year target/outcome measurement:

5,700

Second-year target/outcome measurement:

5,700

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

A participant in DM 3700 is defined as a consumer who is listed on the master list of DM 3700 participants and has an open episode of care for behavioral health services, including mental health or substance use, during the specified fiscal year.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in DM 3700 in FY 2022 is 7,264.

Second Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of participants in DM 3700 in FY 2023 is 7,563.

Indicator #: 3
Indicator: Number of participants in SUD Disease Management per fiscal year
Baseline Measurement: 2,345
First-year target/outcome measurement: 1,800
Second-year target/outcome measurement: 1,800
New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

A participant in SUD Disease Management (SUD DM) is defined as a consumer who is listed on the master list of SUD DM participants and has an open episode of care for behavioral health services, including mental health or substance use, during the specified fiscal year.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in SUD DM in FY 2022 is 2,753.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of participants in SUD DM in FY 2023 is 2,832.

Priority #: 2
Priority Area: Crisis Intervention
Priority Type: SAT, MHS
Population(s): SMI, SED

Goal of the priority area:

Promote safety and emotional stability, minimize further deterioration of mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by linking individuals in need of behavioral healthcare services with those services.

Objective:

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Strategies to attain the goal:

- 1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services.
- 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises.
- 3) Advocate for and engage individuals in crisis in behavioral health treatment and support services.
- 4) Provide immediate person-centered interventions to individuals in behavioral health crisis and facilitate timely access to services and supports.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of referrals to CBHLs per fiscal year

Baseline Measurement: 10,472

First-year target/outcome measurement: 15,000

Second-year target/outcome measurement: 20,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):

☐

Description of Data:

Number of Community Behavioral Health Liaison contacts are tracked by the MBHC

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

An individual may account for more than one contact during the fiscal year.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of referrals to CBHLs in FY 2022 is 20,787.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of referrals to CBHLs in FY 2023 is 22,761.

Indicator #: 2

Indicator: Number served in ERE project per fiscal year

Baseline Measurement: 2,029

First-year target/outcome measurement: 1,900

Second-year target/outcome measurement: 2,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):

☐

Description of Data:

Number of persons served in the Emergency Room Enhancement (ERE) project is tracked and reported by the MBHC.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number served in ERE project in FY 2022 is 2,750.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number served in ERE project in FY 2023 is 2,307.

Indicator #: 3

Indicator: Number of law enforcement officers trained in CIT per fiscal year

Baseline Measurement: 1,217

First-year target/outcome measurement: at least 900

Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):

☐

Description of Data:

Number of officers trained in CIT is tracked and reported by the MBHC.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of law enforcement officers training in CIT in FY 2022 is 1,003.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of law enforcement officers training in CIT in FY 2023 is 1,402.

Indicator #: 4

Indicator: Implementation of 988

Baseline Measurement: NA

First-year target/outcome measurement: In Process

Second-year target/outcome measurement: Complete

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Prevention and Crisis Unit

New Data Source(if needed):

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Description of Data:

The implementation of 988 is being monitored by the DBH Prevention and Crisis Services staff

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The implementation of 988 in FY 2022 is in process.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The implementation of 988 in FY 2023 is complete. Access to 988 call services became available in Missouri in July of 2022 with 988 text and chat services becoming available in Missouri in November of 2022.

Priority #: 3

Priority Area: Department of Corrections Community Supervised Offenders

Priority Type: SAT, MHS

Population(s): SMI, Other (Criminal/Juvenile Justice)

Goal of the priority area:

Improve access to clinically appropriate services

Objective:☐**Strategies to attain the goal:**

- 1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders in need of substance use disorder (SUD) treatment in order to facilitate rapid assessment and treatment initiation.
- 2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services.
- 3) Continue the Community Mental Health Treatment (CMHT) and Offenders with Serious Mental Illness (OSMI) programs.
- 4) Continue to participate on the DOC Oversight Committee.
- 5) Coordinate with Department of Corrections (DOC) to administrate the Improving Community Treatment Success (ICTS) program with a focus on reducing the risk of harm due to substance use and mental health conditions, reducing recidivism, improving opportunities for employment or education, and improving the availability of stable housing.

Edit Strategies to attain the objective here:

(if needed)

☐**Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Current MOUs between DMH and DOC

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH Contracts Unit

New Data Source(if needed):☐**Description of Data:**

MOUs are maintained by the DMH Contracts Unit.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

MOU between DMH and DOC is current.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

MOU between DMH and DOC is current.

Indicator #: 2

Indicator: Number of Oversight Committee Meetings

Baseline Measurement: 13

First-year target/outcome measurement: 6

Second-year target/outcome measurement: 6

New Second-year target/outcome measurement(if needed):

Data Source:

The Division of Behavioral Health's (DBH) Criminal Justice Services Manager is the organizer of these meetings.

New Data Source(if needed):

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Description of Data:

Oversight meetings are scheduled by DBH Criminal Services Manager.

New Description of Data:(if needed)

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Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

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Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Oversight Committee meetings conducted in FY 2022 is 13.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of Oversight Committee meetings conducted in FY 2023 is 15.

Indicator #: 3

Indicator: Number of consumers served in the ICTS program

Baseline Measurement: 548

First-year target/outcome measurement: 700

Second-year target/outcome measurement: 700

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The number of consumers served in the ICTS program is tracked in the DMH information system.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of consumers served in the ICTS in FY 2022 is 1,036.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of consumers served in the ICTS in FY 2023 is 1,143.

Priority #: 4

Priority Area: Tobacco Prevention

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Objective:

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Strategies to attain the goal:

- 1) Support provider training in tobacco cessation with proven effectiveness.
- 2) Promote the inclusion of tobacco cessation in the consumer's behavioral treatment plan.
- 3) Support tobacco cessation in Missouri's college campuses.
- 4) Ensure the provision of tobacco enforcement and merchant education:

- a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws.
- b. Maintain a Memorandum of Understanding with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws.
- c. Conduct a merchant education visit to every tobacco retailer in the state.

Edit Strategies to attain the objective here:
(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Synar non-compliance rate is less than 20 percent

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

Annual Synar Report

New Data Source(if needed):

☐

Description of Data:

Synar non-compliance rate is determined from the Annual Synar Survey. For FY2022, the Annual Synar Survey will be completed by October 1, 2022. For the FY 2023, the Annual Synar Survey will be completed by October 1, 2023.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The Annual Synar Retailer Violation Rate for FFY 2023 is 8.2%.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The Annual Synar Retailer Violation Rate for FFY 2024 is 14.2%.

Indicator #: 2

Indicator: Number of tobacco retailers visited and provided with retailer education materials per fiscal year

Baseline Measurement: 5,456

First-year target/outcome measurement: 4,800

Second-year target/outcome measurement: 4,800

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Database

New Data Source(if needed):

☐

Description of Data:

Number of tobacco retailers visited and provided education materials is documented by prevention agencies, entered into a database by DMH staff and reported in the State's Annual Synar Report.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Tobacco retailers visited and provided with retailer education materials in FY 2022 is 5,411.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of Tobacco retailers visited and provided with retailer education materials in FY 2023 is 5,591.

Indicator #: 3

Indicator: Number of Tobacco Treatment Specialists per fiscal year

Baseline Measurement: 25

First-year target/outcome measurement: at least 25

Second-year target/outcome measurement: at least 25

New Second-year target/outcome measurement(if needed):

Data Source:

Division of Behavioral Health Prevention Unit

New Data Source(if needed):

☐

Description of Data:

Number of Tobacco Treatment Specialists is tracked by the Prevention Unit staff.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:☐**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of Tobacco Treatment Specialists trained in FY 2022 is 49.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How second year target was achieved (optional):**

The number of Tobacco Treatment Specialists trained in FY 2023 is 86.

Priority #: 5

Priority Area: Recovery Support Services

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders.

Objective:☐**Strategies to attain the goal:**

- 1) Continue to grow the number of Certified Peer Specialists working in Missouri's behavioral health treatment and recovery system of care.
- 2) Continue the four Drop-In Centers for persons with mental illness.
- 3) Promote the use of IPS Supported Employment.
- 4) Promote the use of Family Support and Youth Peer Support.
- 5) Promote the use of Recovery Support Services.
- 6) Maintain a housing unit to administer the Continuum of Care (CoC) grants to provide housing assistance to the chronically homeless.

**Edit Strategies to attain the objective here:
(if needed)**☐**Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Number of Certified Peer Specialists

Baseline Measurement: 1,003

First-year target/outcome measurement: 850

Second-year target/outcome measurement: 850

New Second-year target/outcome measurement(if needed):

Data Source:

Division of Behavioral Health (DBH) Recovery Services Unit

New Data Source(if needed):

☐

Description of Data:

The number of Certified Peer Specialists is tracked by the DBH Recovery Services Unit

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Certified Peer Specialists in FY 2022 is 1,350.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of Certified Peer Specialists in FY 2023 is 1,581.

Indicator #: 2

Indicator: Number of contracts for Consumer Operated Services Programs for persons with mental illness per fiscal year

Baseline Measurement: 4

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 4

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

☐

Description of Data:

Contracts are maintained by the DMH Contracts Unit

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Consumer Operated Service Programs is 5.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:



How second year target was achieved (optional):

The number of Consumer Operated Service Programs is 5.

Indicator #: 3

Indicator: Number of IPS Supported Employment programs per fiscal year

Baseline Measurement: 26

First-year target/outcome measurement: 26

Second-year target/outcome measurement: 26

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Recovery Services Unit

New Data Source(if needed):



Description of Data:

The number of IPS Supported Employment programs is tracked by DBH Recovery Services Unit staff.

New Description of Data(if needed)



Data issues/caveats that affect outcome measures:

Funding for IPS Supported Employment programs is through Vocational Rehabilitation budget rather than DMH budget. A reduction or withholding of VR budget items could result in a reduction of these programs.

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of IPS Supported Employment Programs in FY 2022 is 33.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:



How second year target was achieved (optional):

The number of IPS Supported Employment Programs in FY 2023 is 33.

Indicator #: 4
Indicator: Number of Youth Peer Support Specialists
Baseline Measurement: 12
First-year target/outcome measurement: at least 15
Second-year target/outcome measurement: at least 15
New Second-year target/outcome measurement(if needed):

Data Source:

DBH Recovery Services Unit

New Data Source(if needed):

☐

Description of Data:

The number of Youth Peer Support Specialists are tracked by the DBH Recovery Services Unit staff.

New Description of Data(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Youth Peer Support Specialists in FY 2022 is 20.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of Youth Peer Support Specialists in FY 2023 is 15.

Indicator #: 5
Indicator: Number of Recovery Support Providers
Baseline Measurement: 53
First-year target/outcome measurement: 50
Second-year target/outcome measurement: 50
New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

☐

Description of Data:

Contracts are maintained by the DMH Contracts Unit

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Recover Support Providers in FY 2022 is 62.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of Recover Support Providers in FY 2023 is 60.

Priority #: 6
Priority Area: Medication Assisted Treatment for Substance Use Disorders
Priority Type: SAT
Population(s): PWWD, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

To further integrate medication therapy into the substance use disorder treatment service delivery system.

Objective:

Strategies to attain the goal:

- 1) Monitor utilization of Medication Assisted Treatment (MAT) by provider and provide technical assistance as needed.
- 2) Increase utilization of different medications used in MAT at a given treatment provider.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of consumers receiving medication therapy per fiscal year
Baseline Measurement: 7,541
First-year target/outcome measurement: 6,500
Second-year target/outcome measurement: 6,500
New Second-year target/outcome measurement(if needed):
Data Source:

DMH information system and Medicaid claims

New Data Source(if needed):

☐

Description of Data:

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine-containing medications, Antabuse and acamprosate (and any future FDA-approved MAT medications) is determined from billing outside of Detoxification services.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of consumers receiving Medication Assisted Treatment in FY 2022 is 11,623.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of consumers receiving Medication Assisted Treatment in FY 2023 is 12,259.

Priority #:

7

Priority Area:

Community Advocacy and Education

Priority Type:

SAP

Population(s):

PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Create positive community norms, policy change, promote mental wellness, and reduce alcohol, tobacco and other drug availability in Missouri's communities.

Objective:

☐

Strategies to attain the goal:

- 1) Build state and community capacity for fostering strong partnerships and identifying new opportunities for collaboration.
- 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Student Survey and the Behavioral Health web too.
- 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth.
- 4) Continue the education initiative in Eastern Missouri to address heroin and other opioid drug use.

**Edit Strategies to attain the objective here:
(if needed)**

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals trained in suicide prevention and intervention per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 1,500

Second-year target/outcome measurement: 2,000

New Second-year target/outcome measurement(if needed):

Data Source:

DBH contracted providers

New Data Source(if needed):

☐

Description of Data:

The number of individuals trained in suicide prevention and intervention is tracked and reported by contracted providers.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of individuals trained in suicide prevention and intervention in FY 2022 is 9,518.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of individuals trained in suicide prevention and intervention in FY 2023 is 14,424.

Indicator #: 2

Indicator: Number of high-risk youth served in prevention programs per fiscal year

Baseline Measurement: 2,960

First-year target/outcome measurement: at least 3,000

Second-year target/outcome measurement: at least 3,000

New Second-year target/outcome measurement(if needed):

Data Source:

DBH contracted providers

New Data Source(if needed):

☐

Description of Data:

Number of high-risk youth served in prevention programs is tracked and reported by contracted providers.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of high-risk youth served in prevention programs in FY 2022 is 3,231.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How second year target was achieved (optional):**

The number of high-risk youth served in prevention programs in FY 2023 is 4,440.

Indicator #:

3

Indicator:

Number of persons trained in Mental Health First Aid per fiscal year

Baseline Measurement:

6,600

First-year target/outcome measurement: at least 6,500

Second-year target/outcome measurement: at least 6,500

New Second-year target/outcome measurement(if needed):**Data Source:**

DBH Prevention Unit

New Data Source(if needed):☐**Description of Data:**

Number trained in Mental Health First Aid (MHFA) is tracked by DBH Prevention Unit staff.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of individuals trained in MHFA in FY 2022 is 6,490. Virtual MHFA trainings have seen a decline in enrollment numbers. Upon offering in person session times, MHFA training enrollment interest has increased noticeably and training numbers are expected to increase for FY 2023. No change will be made to the FY 2023 target.

How first year target was achieved (optional):

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of individuals trained in MHFA in FY 2023 is 8,236.

Priority #:

8

Priority Area:

School-based Prevention Education

Priority Type:

SAP

Population(s):

PP, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence.

Objective:

Strategies to attain the goal:

- 1) Enhance protective factors and reverse or reduce risk factors for substance use and violence.
- 2) Improve academic and social-emotional learning to address risk factors.
- 3) Employ interactive techniques that allow for active involvement in learning.
- 4) Reinforce prevention skills over time with repeated interventions.
- 5) Ensure programming is culturally competent and age appropriate.
- 6) Conduct annual fidelity reviews.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of students participating in SPIRIT per fiscal year

Baseline Measurement:

9,834

First-year target/outcome measurement:

at least 8,000

Second-year target/outcome measurement:

at least 8,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

SPIRIT participation is tracked and reported by the program evaluator, MIMH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of students participating in SPIRIT in FY 2022 is 9,627.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of students participating in SPIRIT in FY 2023 is 9,779.

Indicator #: 2
Indicator: Annual report generated
Baseline Measurement: Yes
First-year target/outcome measurement: Yes
Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

☐

Description of Data:

Annual report is generated and provided to DMH by MIMH. DMH posts the annual report to the DMH public website.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Annual SPIRIT report was generated and posted to the DMH website.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

**How second year target was achieved (optional):**

Annual SPIRIT report was generated and posted to the DMH website.

Priority #:

9

Priority Area:

Prescription Drug Overdose Deaths

Priority Type:

SAP

Population(s):

PWWDC, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Prevention Opioid-related deaths and connect individuals experiencing overdose events to substance use disorder treatment.

Objective:**Strategies to attain the goal:**

- 1) Increase the number of first responders, medical professionals, and other eligible groups are trained to carry and administer naloxone.
- 2) increase public awareness of opioid risks and best practices for assisting during an overdose event.

Edit Strategies to attain the objective here:*(if needed)***Annual Performance Indicators to measure goal success****Indicator #:**

1

Indicator:

Number of individuals trained to carry and administer naloxone per fiscal year

Baseline Measurement:

6,228

First-year target/outcome measurement:

4,000

Second-year target/outcome measurement:

4,000

New Second-year target/outcome measurement(if needed):**Data Source:**

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):**Description of Data:**

The number of individuals trained to carry and administer naloxone is tracked and reported by MIMH

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment****First Year Target:**

Achieved

Not Achieved *(if not achieved, explain why)***Reason why target was not achieved, and changes proposed to meet target:**

How first year target was achieved (optional):

The number of individuals trained to carry and administer naloxone in FY 2022 is 8,720.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

The number of individuals trained to carry and administer naloxone in FY 2023 is 25,001.

Indicator #: 2

Indicator: Number of naloxone kits distributed per fiscal year

Baseline Measurement: 30,462

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,000

New Second-year target/outcome measurement(if needed):**Data Source:**

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):**Description of Data:**

The number of naloxone kits distributed is tracked and reported by MIMH.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of naloxone kits distributed in FY 2022 is 52,197. Funding for naloxone kits and distribution was provided by the State Opioid Response (SOR) Grant and the Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE) project. No SABG Primary Prevention funds were utilized for this effort.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

The number of naloxone kits distributed in FY 2023 is 252,280. Funding for naloxone kits and distribution was provided by the State Opioid Response (SOR) Grant, Opioid Settlement, Prescription Drug Overdose Grant, and the First Responder-Comprehensive Addiction and Recovery Act Grant. SUPTRS BG Primary Prevention funds were not utilized for this effort.

Priority Area: Evidence-based Behavioral Health Practices

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC

Goal of the priority area:

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research

Objective:

☐

Strategies to attain the goal:

- 1) Continue to support EBP programs.
- 2) Provide ongoing monitoring of Fidelity in EBP programs.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of adults served in ITCD per fiscal year

Baseline Measurement: 3,604

First-year target/outcome measurement: at least 3,000

Second-year target/outcome measurement: at least 3,000

New Second-year target/outcome measurement(if needed): 2,500

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The number of ITCD consumers is determined from paid encounters for ITCD services.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The number of adults served in ITCD in FY 2022 is 2,667. During FY 2022 ITCD providers experienced staffing shortages which lead to reducing ITCD teams and reducing case load capacity on ITCD teams resulting in fewer consumers served during the year. The staffing shortages are not expected to be resolved quickly and fewer consumers are likely to be served in FY 2023 as well. Target will be reduced to 2,500 for FY 2023.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of adults served in ITCD in FY 2023 is 2,572.

Indicator #: 2

Indicator: Number of adults served in ACT per fiscal year

Baseline Measurement: 829

First-year target/outcome measurement: at least 900

Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The number of adults served in the Assertive Community Treatment (ACT) program is determined from paid encounters for ACT services.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of adults served in ACT in FY 2022 is 912.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of adults served in ACT in FY 2023 is 777. The ACT teams experienced chronic staffing shortages in key positions throughout FY 2023 which resulted in teams no longer being able to admit new individuals on their team in order to adequately serve those already enrolled in services.

How second year target was achieved (optional):

☐

Indicator #: 3

Indicator: Number of women served by Women & Children specialty teams per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 50

New Second-year target/outcome measurement(if needed):

Data Source:

DMH contracted providers

New Data Source(if needed):☐**Description of Data:**

The number of women serviced by Women & Children specialty teams is tracked and reported by contracted providers.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

Women who were transferred between specialty teams may be counted more than once.

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of women served by Women & Children's Specialty Teams in FY 2022 is 120.

Second Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How second year target was achieved (optional):**

The number of women served by Women & Children's Specialty Teams in FY 2023 is 168.

Priority #: 11

Priority Area: Persons who Inject Drugs

Priority Type: SAT

Population(s):

Goal of the priority area:

Ensure the provision of services to persons who inject drugs in accordance with SABG statutory requirements.

Objective:

☐

Strategies to attain the goal:

- 1) Monitor contractual requirements pertaining to PWID
- 2) Generate reports to monitor length of time to initiate treatment and percent engagement in treatment
- 3) Increase one-on-one discussions with key provider staff about data reports and target technical assistance as needed.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of persons who inject drugs served in substance use disorder treatment per fiscal

year

Baseline Measurement: 12,830

First-year target/outcome measurement: 10,000

Second-year target/outcome measurement: 10,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The number of persons who inject drugs is determined from the route of administration for any of the substances reported in the TEDS data and paid encounters for substance use disorder treatment captured in the DMH information system during the fiscal year.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of persons who inject drugs served in substance use disorder treatment in FY 2022 is 12,365.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of persons who inject drugs served in substance use disorder treatment in FY 2023 is 11,626.

Indicator #: 2

Indicator: Average number of days from initial contact to the first service paid for PWID per fiscal year

Baseline Measurement: 4.91

First-year target/outcome measurement: 6 or less

Second-year target/outcome measurement: 6 or less

New Second-year target/outcome measurement(if needed): 7 or less

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The average number of calendar days between the initial contact date to the date of service of the first paid encounter PWID as

reported at the treatment admission per fiscal year.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

The workforce shortage in the behavioral health service delivery system, exacerbated by the COVID-19 pandemic, has been identified as a critical issue impacting the timeliness of services and the number of individuals served by providers. Issues with retention and recruitment of qualified staff have been reported by providers throughout the network. The initial contact to first service is affected specifically by the demand for services and the available staff to provide services under 6 days. The FY23 target will be adjusted to '7 or less'.

How first year target was achieved (optional):

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

The workforce shortage in the behavioral health service delivery system, exacerbated by the COVID-19 pandemic, has been identified as a critical issue impacting the timeliness of services and the number of individuals served by providers. Issues with retention and recruitment of qualified staff have been reported by providers throughout the network. The initial contact to first service is affected specifically by the demand for services and the available staff to provide services under 7 days.

How second year target was achieved (optional):

☐

Indicator #: 3

Indicator: Percent of persons who inject drugs who have engaged in treatment per fiscal year

Baseline Measurement: 85%

First-year target/outcome measurement: at least 80%

Second-year target/outcome measurement: at least 80%

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The percent of the persons who inject drugs as reported at the treatment admission that had at least 3 paid encounters during the program per fiscal year.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The percent of PWID who have engaged in treatment in FY 2022 is 92.3%.

Second Year Target:

☒

Achieved

☐

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved *(optional)*:

The percent of PWID who have engaged in treatment in FY 2023 is 89.5%.

Priority #: 12

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Continue to provide services to pregnant women and women with dependent children

Objective:

☐

Strategies to attain the goal:

1) Monitor contractual compliance with regard to prioritization of admission for pregnant women to substance use disorder treatment.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year

Baseline Measurement: 6,497

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,000

New Second-year target/outcome measurement *(if needed)*:

Data Source:

DMH information system

New Data Source *(if needed)*:

☐

Description of Data:

The number of pregnant women and women with dependent children served is capture in the DMH information system as individuals with a paid encounter for substance use disorder services and indicate pregnant during treatment, having dependent children or both.

New Description of Data: *(if needed)*

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:☐**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

The number of pregnant women and women with dependent children served in substance use disorder treatment in FY 2022 is 6,626.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How second year target was achieved (optional):**

The number of pregnant women and women with dependent children served in substance use disorder treatment in FY 2023 is 7,953.

Priority #: 13

Priority Area: Mental Health Services for Transition Aged Youth and Young Adults

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Promote collaboration, implementation of effective interventions and supports, and enhance skills of individuals who work with transition aged youth, young adults and their families with behavioral health needs including those that may be at risk of a First Episode Psychosis (FEP).

Objective:☐**Strategies to attain the goal:**

- 1) Continue to participate in the Oversight Advisory Group which focuses on the needs of youth and young adults with behavioral health issues including being at risk of or experiencing FEP.
- 2) Provide education on the importance of advocacy, prevention, early identification/intervention and evidence-based treatment
- 3) Provide training on evidence-based and promising practices
- 4) Expand Integrated Treatment for Co-Occurring Disorders (ITCD) services to meet the unique needs of the transition aged youth/ young adult population
- 5) Promote ACT TAY programs statewide.

**Edit Strategies to attain the objective here:
(if needed)**☐**Annual Performance Indicators to measure goal success**

Indicator #:	1
Indicator:	Number of education sessions per fiscal year
Baseline Measurement:	11
First-year target/outcome measurement:	6
Second-year target/outcome measurement:	6
New Second-year target/outcome measurement(if needed):	
Data Source:	

DBH Children's Unit

New Data Source(if needed):

☐

Description of Data:

The number of education sessions are tracked by the DMH Children's Unit.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of education sessions in FY 2022 is 7.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of education sessions in FY 2023 is 13.

Indicator #: 2

Indicator: Number of evidence-based practice related provider trainings per fiscal year

Baseline Measurement: 8

First-year target/outcome measurement: 8

Second-year target/outcome measurement: 8

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Children's Unit

New Data Source(if needed):

☐

Description of Data:

The number of trainings related to evidence-based practices for transition aged youth and young adults is tracked and reported by the DMH Children's Unit staff.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of EBP-related provider trainings in FY 2022 is 11.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:



How second year target was achieved (optional):

The number of EBP-related provider trainings in FY 2023 is 9.

Indicator #: 3

Indicator: Number of Transition Aged Youth and Young Adults served in ITCD per fiscal year

Baseline Measurement: 362

First-year target/outcome measurement: at least 300

Second-year target/outcome measurement: at least 300

New Second-year target/outcome measurement(if needed): 180

Data Source:

DMH information system

New Data Source(if needed):



Description of Data:

The number of transition aged youth and young adults served in ITCD is captured in the paid encounters for mental health services in the DMH information system.

New Description of Data:(if needed)



Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of transition aged youth and young adults served in ITCD in FY 2022 is 209. During FY 2022 ITCD providers experienced staffing shortages which lead to reducing ITCD teams and reducing case load capacity on ITCD teams resulting in fewer consumers served during the year. The staffing shortages are not expected to be resolved quickly and fewer consumers are likely to be served in FY 2023 as well. Target will be reduced to 180 for FY 2023.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:



How second year target was achieved (optional):

The number of Transition Aged Youth served in ITCD in FY 2023 is 326.

Indicator #: 4

Indicator: Number of consumers served in ACT TAY programs per fiscal year

Baseline Measurement: 549

First-year target/outcome measurement: at least 500

Second-year target/outcome measurement: at least 500

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The number of consumers with paid encounters in the Youth Assertive Community Treatment program is captured in the DMH information system.

New Description of Data(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of consumers served in ACT TAY programs in FY 2022 is 533.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of consumers served in ACT TAY programs in FY 2023 is 590.

Priority #: 14

Priority Area: Behavioral Healthcare Services for Children

Priority Type: SAT, MHS

Population(s): SED, Other (Adolescents w/SA and/or MH)

Goal of the priority area:

To enhance children's behavioral health services by increasing knowledge of effective services, supports and interventions, enhancing the skills of service providers and expanding services based on the needs of the children, youth and families served.

Objective:



Strategies to attain the goal:

- 1) Continue the statewide Children's Committee with standing agenda items for CSTAR or SUD treatment items. Committee will provide collaboration regarding issues of policy, training, treatment, funding, and outreach for adolescent substance use disorders.
- 2) Increase dissemination of research, best practices and success stories.

Edit Strategies to attain the objective here:
(if needed)



Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of meetings with adolescent substance use focus

Baseline Measurement: 3

First-year target/outcome measurement: 3

Second-year target/outcome measurement: 3

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Children's Unit

New Data Source(if needed):



Description of Data:

The number of meetings is tracked by the DMH Children's Unit staff

New Description of Data:(if needed)



Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Substance Use Disorder Committee meetings with an adolescent substance use focus in FY 2022 was 5.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:



How second year target was achieved (optional):

The number of Substance Use Disorder Committee meetings with an adolescent substance use focus in FY 2023 was 5.

Indicator #: 2

Indicator: Number of posts of articles, research, and stories specific to behavioral healthcare for children per fiscal year

Baseline Measurement: 23

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 20

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Children's Unit

New Data Source(if needed):

☐

Description of Data:

The number of postings is tracked and reported by the DMH Children's Unit staff.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of posts of articles, research and stories specific to behavioral healthcare for children in FY 2022 is 45.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved (optional):

The number of posts of articles, research and stories specific to behavioral healthcare for children in FY 2023 is 42.

Indicator #: 3

Indicator: Number of adolescents served in substance use disorder treatment

Baseline Measurement: 2,119

First-year target/outcome measurement: 1,800

Second-year target/outcome measurement: 1,800

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

☐

Description of Data:

The number of adolescents served in substance use disorder treatment is captured in the paid encounters in the DMH information system.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Th number of adolescents served in substance use disorder treatment in FY 2022 is 1,971.

Second Year Target:

☒

Achieved

☐

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How second year target was achieved *(optional)*:

Th number of adolescents served in substance use disorder treatment in FY 2023 is 2,107.

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Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 ¹	I. ARP ²
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery ³	\$26,364,872.65		\$42,872,855.57	\$17,326,855.33	\$51,642,764.96	\$0.00	\$0.00	\$9,553,144.74	\$5,272,709.33
a. Pregnant Women and Women with Dependent Children	\$1,515,493.53		\$2,412,572.11	\$0.00	\$4,061,094.88	\$0.00	\$0.00	\$376,694.60	\$89,254.85
b. Recovery Support Services	\$628,101.42		\$0.00	\$744,965.13	\$3,803,118.00	\$0.00	\$0.00	\$5,871,084.65	\$2,217,271.82
c. All Other	\$24,221,277.70		\$40,460,283.46	\$16,581,890.20	\$43,778,552.08	\$0.00	\$0.00	\$3,305,365.49	\$2,966,182.66
2. Substance Use Disorder Primary Prevention	\$6,039,611.62		\$0.00	\$7,735,834.93	\$5,136,554.01	\$0.00	\$0.00	\$2,522,518.26	\$1,157,802.31
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ⁴	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$748,026.70		\$0.00	\$1,708,611.20	\$1,278,162.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Total	\$33,152,510.97	\$0.00	\$42,872,855.57	\$26,771,301.46	\$58,057,480.97	\$0.00	\$0.00	\$12,075,663.00	\$6,430,511.64

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

³Prevention other than primary prevention

⁴Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

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Footnotes:

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

				SSP Expenditures			
SSP Agency Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds	Actions
No Data Available							

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

² The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

Missouri does not fund a Syringe Services Program with SABG funds.

III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

SUPTRS							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19 ¹							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP ²							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

² The expenditure period for ARP supplemental funding is September 1, 2021 – September 30, 2025, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

Missouri does not fund a Syringe Services Program with SABG funds.

III: Expenditure Reports

Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdose Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds
Assisted Recovery Centers Of America	1430 Olive Street	No	2	2	0	0	0	\$0.00	\$47.39	\$0.00
Burrell Behavioral Health	800 South Park Avenue	No	1	1	0	0	0	\$143.38	\$0.00	\$0.00
Compass Health Inc.	805 North Orange Street	No	1	1	0	0	0	\$117.14	\$0.00	\$0.00
Compass Health Inc.	3501 Berrywood Drive	No	6	6	0	0	0	\$702.23	\$0.00	\$0.00
Compass Health Inc.	227 Metro Drive	No	1	1	0	0	0	\$80.37	\$0.00	\$0.00
Compass Health Inc.	860 Lynn St.	No	4	4	0	0	0	\$477.99	\$0.00	\$0.00
Compass Health Inc.	1091 Midway Drive	No	3	3	0	0	0	\$401.93	\$0.00	\$0.00
Compass Health Inc.	320 North Mac Boulevard	No	2	2	0	0	0	\$188.55	\$0.00	\$0.00
Compass Health Inc.	501 N Sunset Ln	No	1	1	0	0	0	\$54.30	\$0.00	\$0.00
Compass Health Inc.	1700 West Main Street	No	7	7	0	0	0	\$437.98	\$80.37	\$0.00
Compass Health Inc.	1800 Community Drive	No	11	11	0	0	0	\$953.90	\$0.00	\$0.00
Preferred Family Healthcare Inc	11701 West Florissant Avenue	No	1	1	0	0	0	\$40.76	\$0.00	\$0.00
Preferred Family Healthcare Inc	8333 East Blue Parkway	No	1	1	0	0	0	\$41.06	\$0.00	\$0.00
Preferred Family Healthcare Inc	1601 Old South River Road	No	3	3	0	0	0	\$116.60	\$0.00	\$0.00
Preferred Family Healthcare Inc	1570 South Main Street	No	2	2	0	0	0	\$233.05	\$0.00	\$0.00
Preferred Family Healthcare Inc	7020 Chippewa Street	No	1	1	0	0	0	\$128.69	\$0.00	\$0.00
Preferred Family Healthcare Inc	4066 Dunnica Avenue	No	4	4	0	0	0	\$268.65	\$57.00	\$0.00
Preferred Family Healthcare Inc	500 Clark Ave	No	2	2	0	0	0	\$227.40	\$0.00	\$0.00
Preferred Family Healthcare Inc	605 E Booneslick	No	1	1	0	0	0	\$113.65	\$0.00	\$0.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 - March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

²The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.
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Footnotes:

The majority of Naloxone Kits distributed through DMH activities are funded through the Opioid Settlement Fund, SOR grant and other fund not related to the SUPTRS Block Grant. Overdose Reversal reports are voluntary and are not reported consistently.

Multiple funding sources can be used on the same invoice. Units of Naloxone kits have the percent of Block Grant or COVID-19 Funds applied to that invoice.

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

This table provides a description of SUPTRS BG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in WebBGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

Expenditure Category	FY 2021 SA Block Grant Award
1. Substance Use Prevention ¹ , Treatment, and Recovery	\$19,910,491.56
2. Substance Use Primary Prevention	\$5,456,540.11
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$1,309,846.52
Total	\$26,676,878.19

¹Prevention other than Primary Prevention

²Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

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Footnotes:

Amount of primary prevention funds for primary prevention programs = \$4,888,957.29

Amount of primary prevention funds in Table 4, Line 2 that are planned for Prevention-SA resource development = \$567,582.82

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

The state or jurisdiction must complete SUPTRS BG Table 5a. There are six primary prevention strategies typically funded by principal agencies administering the SUPTRS BG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$50,660.23	\$656,388.54	\$73,131.53	\$0.00	\$0.00
Information Dissemination	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Universal	\$331,017.29	\$1,621,106.70	\$298,281.77	\$0.00	\$0.00
Information Dissemination	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	
Information Dissemination	Total	\$381,677.52	\$2,277,495.24	\$371,413.30	\$0.00	\$0.00
Education	Selective	\$1,356,387.65	\$0.00	\$19,968.21	\$0.00	\$0.00
Education	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$604,968.09	\$0.00	\$229,506.37	\$0.00	\$0.00
Education	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Total	\$1,961,355.74	\$0.00	\$249,474.58	\$0.00	\$0.00
Alternatives	Selective	\$325,705.49	\$0.00	\$7,059.32	\$0.00	\$0.00
Alternatives	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$10,722.61	\$0.00	\$10,874.19	\$0.00	\$0.00
Alternatives	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Total	\$336,428.10	\$0.00	\$17,933.51	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Community-Based Process	Selective	\$479,979.01	\$0.00	\$606,604.59	\$0.00	\$0.00
Community-Based Process	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Universal	\$1,521,344.02	\$0.00	\$866,853.78	\$0.00	\$0.00
Community-Based Process	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Total	\$2,001,323.03	\$0.00	\$1,473,458.37	\$0.00	\$0.00
Environmental	Selective	\$5,666.48	\$0.00	\$7,478.02	\$0.00	\$0.00
Environmental	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Universal	\$10,230.14	\$0.00	\$14,075.29	\$0.00	\$0.00
Environmental	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Total	\$15,896.62	\$0.00	\$21,553.31	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Selective	\$0.00	\$0.00	\$171,405.12	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Universal	\$0.00	\$0.00	\$477,120.13	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Total	\$0.00	\$0.00	\$648,525.25	\$0.00	\$0.00
Other	Universal Direct	\$118,447.64	\$0.00	\$79,103.39	\$0.00	\$0.00
Other	Universal Indirect	\$0.00	\$947,114.00	\$0.00	\$0.00	\$0.00
Other	Selective	\$73,828.64	\$0.00	\$133,340.63	\$0.00	\$0.00
Other	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Total	\$192,276.28	\$947,114.00	\$212,444.02	\$0.00	\$0.00
	Grand Total	\$4,888,957.29	\$3,224,609.24	\$2,994,802.34		

Section 1926 (Synar)-Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

III: Expenditure Reports

Table 5b - SUPTRS BG Primary Prevention Targeted Priorities (Required)

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2021 SUPTRS BG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

SUPTRS BG Award	
Prioritized Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>
Prioritized Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ+	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>

Rural	<input checked="" type="checkbox"/>
Other Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

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Footnotes:

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$29,314.65	\$0.00
3. Partnerships, community outreach, and needs assessment	\$13,909.61	\$538,268.17	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
8. Total	\$13,909.61	\$567,582.82	\$0.00

¹Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.

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Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SUPTRS BG funds including community and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes system development/non-direct service expenditures.

Expenditure Period Start Date: 10/01/2020 Expenditure Period End Date: 9/30/2022

Source of Funds Substance Use Block Grant																
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G ¹ . Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
1674	MO100626	✓	Eastern	Assisted Recovery Centers Of America	1585 Woodlake Dr Ste 111	Town and Country	MO	63017-5740	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
173	MO101735	✓	Eastern	BASIC	3654 South Grand Boulevard	Saint Louis	MO	63118	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4075	MO102379	✗	Southwest	BHG XLIII, LLC	2551 West Kearney Street	Springfield	MO	65803	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4076	MO100090	✗	Southeast	BHG XXIX	1899 North Westwood Boulevard Suite C, PMB 262	Poplar Bluff	MO	63901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4077	MO100087	✗	Southeast	BHG XXVIII	1639 Bruce Smith Parkway	West Plains	MO	65775	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1641	X	✗	Eastern	Big Brothers Big Sisters of Eastern Missouri	501 North Grand Blvd.	St. Louis	MO	63103	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
257	MO102590	✓	Eastern	BJC Behavioral Health	1430 Olive Street Suite 400	Saint Louis	MO	63103-2303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
043b	MO101030	✗	Southwest	Burrell Behavioral Health	155 Corporate Place	Branson	MO	65616	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
043g	MO101495	✓	Southwest	Burrell Behavioral Health	323 East Grand Street	Springfield	MO	65807	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
043i	MO101804	✓	Southwest	Burrell Behavioral Health	1931 East Cherry Street	Springfield	MO	65802	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
043n	MO750593	✓	Southwest	Burrell Behavioral Health	800 South Park Avenue	Springfield	MO	65802	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
043p	MO100208	✓	Southwest	Burrell Behavioral Health	1322 South Campbell Avenue	Springfield	MO	65807-7887	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
043q	MO102394	✓	Southwest	Burrell Behavioral Healthcare Center	18593 Business Highway 13 Suites 104-106	Branson West	MO	65737	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
043	MO102523	✗	Southwest	Burrell, Inc.	930 South Robberson Street	Springfield	MO	65803-3220	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
318	MO101293	✗	Eastern	Center For Life Solutions, Inc.	9144 Pershall Road	Hazelwood	MO	63042	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
008	X	✗	Statewide	Central Office	1706 E. Elm Street	Jefferson City	MO	65101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
048i	MO101631	✗	Southwest	Clark Community Mental Health Center	P.O. Box 100	Pierce City	MO	65723	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
074a	MO103330	✓	Northwest	Comm Mental Health Consultants Inc	306 South Independence Street	Harrisonville	MO	64701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
074	MO100930	✗	Southwest	Community Mental Health Consultants	815 South Ash Street	Nevada	MO	64772	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1642	X	✗	Southwest	Community Partnership of the Ozarks	330 North Jefferson Avenue	Springfield	MO	65806	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	082a	MO102515	✓	Eastern	Community Treatment	2310 North Truman Boulevard	Crystal City	MO	63019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	082b	MO103009	✗	Eastern	Community Treatment, Inc.	227 East Main Street	Festus	MO	63028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	082	MO901592	✗	Eastern	Community Treatment, Inc.	227 East Main Street	Festus	MO	63028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049f	MO102536	✓	Central	Compass Health Inc	501 North Sunset Lane	Raymore	MO	64083-9402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049a	MO100321	✗	Central	Compass Health Inc	741 North Business Route 5	Camdenton	MO	65020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049al	MO100179	✓	Central	Compass Health Inc	1091 Midway Drive	Linn Creek	MO	65052	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049au	MO100776	✓	Central	Compass Health Inc	117 North Garth Avenue	Columbia	MO	65203-4103	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049av	MO100483	✓	Central	Compass Health Inc	2625 Fairway Drive Suite E	Fulton	MO	65251	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bl	MO100271	✓	Central	Compass Health Inc	200 West Florence	windsor	MO	65360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049k	MO106614	✓	Central	Compass Health Inc	1239 Santa Fe Trail Suite 300	Marshall	MO	65340-3702	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049l	MO750056	✓	Central	Compass Health Inc	117 North Garth Avenue	Columbia	MO	65203	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049b	MO101502	✓	Southeast	Compass Health Inc	1000 West Nifong Street Building 6 Suite 220 B	Columbia	MO	65203	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bq	MO100115	✗	Northwest	Compass Health Inc	104 Main Street	Sweet Springs	MO	65351-1315	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bm	MO100280	✗	Southwest	Compass Health Inc	805 North Orange Street	Butler	MO	64730-9382	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049cg	MO101499	✗	Southwest	Compass Health Inc.	101 Hospital Drive	Osceola	MO	64776-6284	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bx	MO102111	✗	Southwest	Compass Health Inc.	860 Lynn Streed	Lebanon	MO	65536	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049cc	MO103801	✗	Southwest	Compass Health Inc.	200 West Florence Street	Windsor	MO	65360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049cd	MO103918	✗	Southwest	Compass Health Inc.	107 West Broadway Street	El Dorado Springs	MO	64744	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049c	MO102375	✗	Southwest	Compass Health Inc.	1301 Industrial Parkway East	El Dorado Springs	MO	64744-6263	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049e	MO102482	✗	Southeast	Compass Health Inc.	1800 Community Drive	Clinton	MO	64735-8804	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049i	MO106218	✗	Southeast	Compass Health Inc.	1448 East 10th Street	Rolla	MO	65401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bw	MO101509	✗	Northwest	Compass Health Inc.	307 N Main St	Windsor	MO	65360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bs	MO100313	✗	Northwest	Compass Health Inc.	616 Burkarth Road	Warrensburg	MO	64093-1462	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bt	MO100808	✗	Northwest	Compass Health Inc.	1010 Remington Plaza	Raymore	MO	64083	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049h	MO103280	✗	Northwest	Compass Health Inc.	200 West Florence	windsor	MO	65360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049d	MO102466	✗	Northwest	Compass Health Inc.	200 West Florence Street	Windsor	MO	65360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049m	MO902269	✗	Central	Compass Health Inc.	201 North Garth Avenue	Columbia	MO	65203	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049g	MO103207	✗	Central	Compass Health Inc.	1800 Community Drive	Clinton	MO	64735-8804	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049br	MO100187	✗	Central	Compass Health Inc.	227 Metro Drive	Jefferson City	MO	65109-1134	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bv	MO101445	✗	Central	Compass Health Inc.	1800 Community Drive	Clinton	MO	64735-8804	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049bz	MO102461	✗	Central	Compass Health Inc.	200 West Florence	windsor	MO	65360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049cb	MO103231	✗	Central	Compass Health Inc.	300 Galaxie Avenue	Harrisonville	MO	64701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049	MO901527	✗	Central	Compass Health Inc.	200 West Florence Street	Windsor	MO	65360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049ce	MO106283	✗	Central Region	Compass Health Inc.	206 South Mill Street Suite 1	Eldon	MO	65026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	049j	MO106309	✗	Central	Compass Health Inc.	P.O. Box 736	Warsaw	MO	65355	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	049ca	MO103124	✗	Northwest	Compass Health Inc.	1278 West U.S. 40 Highway	Odessa	MO	64076	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	058a	MO100184	✗	Northwest	Comprehensive Mental Health Services	4231 South Hocker Dr.	Independence	MO	64055 -4723	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	058b	MO100710	✗	Northwest	Comprehensive Mental Health Services	17844 East 23rd Street	Independence	MO	64057	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	058c	MO102319	✗	Northwest	Comprehensive Mental Health Services	7447 Holmes Road	Kansas City	MO	64131 -1691	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	058d	MO105772	✗	Northwest	Comprehensive Mental Health Services	416 East College Street	Independence	MO	64050	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1206a	X	✗	Eastern	Curators of the University of Missouri - Saint Louis	341 Woods Hall, One University Blvd	Saint Louis	MO	63121 -4400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4073a	MO100048	✗	Central	DRD Management, Inc.	1301 Vandiver Drive Suite Y	Columbia	MO	65202	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4073b	MO100328	✗	Northwest	DRD Management, Inc.	2534 Campbell Street Suite B	Kansas City	MO	64108 -2730	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4073	MO100042	✗	Southwest	DRD Management, Inc.	404 East Battlefield Road	Springfield	MO	65807	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056af	MO100868	✗	Southeast	Family Counseling Center	626 Independence Street	Cape Girardeau	MO	63703	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056b	MO105640	✗	Southeast	Family Counseling Center	3001 Warrior Lane	Poplar Bluff	MO	63901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056be	MO101549	✓	Southeast	Family Counseling Center Inc	925 State Road V V	Kennett	MO	63857 -3822	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056ah	MO100093	✓	Southeast	Family Counseling Center Inc	3403 Division Drive	West Plains	MO	65775 -5789	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056a	MO101128	✓	Southeast	Family Counseling Center Inc	20 South Sprigg Street	Cape Girardeau	MO	63703	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056ac	MO101227	✗	Southeast	Family Counseling Center Inc	P.O. Box 470	Kennett	MO	63857	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056f	MO000041	✗	Southeast	Family Counseling Center Inc	3411 Division Drive	West Plains	MO	65775	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056g	MO903598	✓	Southeast	Family Counseling Center Inc	925 Highway V V P.O. Box 71	Kennett	MO	63857	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056m	MO105848	✓	Southeast	Family Counseling Center Inc	1015 Lanton Road	West Plains	MO	65775	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056n	MO750502	✓	Southeast	Family Counseling Center Inc	1015 Lanton Road	West Plains	MO	65775	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	056c	MO301793	✗	Southeast	Family Counseling Center, Inc.	500 Highway 61 J North	Hayti	MO	63851	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	045	MO101532	✓	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	045a	MO105244	✓	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	045c	MO902608	✓	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	045d	MO902673	✓	Northwest	Family Guidance Center/Cameron	724 North 22nd Street	Saint Joseph	MO	64506 -2604	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	156	MO101029	✗	Southwest	Family Self Help Center	P.O. Box 1765	Joplin	MO	64804	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	156a	MO100287	✗	Southwest	Family Self Help Center	118 West Spring Street	Neosho	MO	64850	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	171	X	✗	Northwest	First Call Alcohol/Drug Prevention & Recovery	633 East 63rd Street	Kansas City	MO	64110	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	201	MO101433	✗	Eastern	Gateway Foundation, Inc.	1430 Olive Street Suite 300	Saint Louis	MO	63103 -2303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

055ad	MO101587	✗	Southeast	Gibson Recovery Center	213 North Sprigg Street	Cape Girardeau	MO	63703-6240	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
055ah	MO100058	✓	Southeast	Gibson Recovery Center	P.O. Box 1267	Cape Girardeau	MO	63703-4300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
055b	MO103785	✓	Southeast	Gibson Recovery Center Inc	1418 West Saint Joseph Street Suite 60	Perryville	MO	63775	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
055c	MO104593	✓	Southeast	Gibson Recovery Center Inc	137 East Front Street	Sikeston	MO	63801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
055a	MO903911	✓	Southeast	Gibson Recovery Center Inc	P.O. Box 1267	Cape Girardeau	MO	63702	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
055d	MO101135	✗	Southeast	Gibson Recovery Center, Inc.	801 East Marshall Street Suite A	Charleston	MO	63834	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
055e	MO101673	✗	Southeast	Gibson Recovery Center, Inc.	P.O. Box 1267	Cape Girardeau	MO	63702	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154e	MO101438	✓	Southwest	Heartland Center for Behavioral Change	1420 South Enterprise Avenue Suites I and J	Springfield	MO	65804	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154f	MO101480	✓	Southwest	Heartland Center for Behavioral Change	320 South Market Avenue	Bolivar	MO	65613-2045	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154g	MO101483	✓	Southwest	Heartland Center for Behavioral Change	1534 Campbell St	Kansas City	MO	64108	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154	MO301785	✓	Northwest	Heartland Center for Behavioral Change	1730 Prospect Avenue	Kansas City	MO	64127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154a	MO100044	✓	Northwest	Heartland Center for Behavioral Change	1212 McGee Street	Kansas City	MO	64106	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154b	MO100045	✓	Northwest	Heartland Center for Behavioral Change	103 North Main Street Suite 102	Independence	MO	64050	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154c	MO100526	✓	Northwest	Heartland Center for Behavioral Change	1730 Prospect Avenue	Kansas City	MO	64127-2455	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154d	MO100870	✓	Northwest	Heartland Center for Behavioral Change	1730 Prospect Avenue Suite 100	Kansas City	MO	64137	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153ab	MO101479	✗	Southwest	Heartland Center for Behavioral Change	611 West 3rd Street	Milan	MO	63556	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
111	X	✗	Northwest	Kim Wilson Housing Inc	730 Armstrong Ave	Kansas City	MO	66101-2702	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
401	X	✗	Statewide	Learfield Communications	505 Hobbs Rd	Jefferson City	MO	65109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1646	X	✗	Southeast	Lincoln University	Business & Finance 306 Young Hall	Jefferson City	MO	65109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4072b	MO101731	✗	Northwest	Metro Treatment Of Missouri, LP	3935 Sherman Avenue	Saint Joseph	MO	64506	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4072	MO103249	✗	Eastern	Metro Treatment Of Missouri, LP	9733 Saint Charles Rock Road	Saint Louis	MO	63114	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4072c	MO102378	✗	Eastern	Metro Treatment Of Missouri, LP	2027 Campus Drive	Saint Charles	MO	63301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4072a	MO101467	✗	Southeast	Metro Treatment Of Missouri, LP	760 South Kings Highway Suite F	Cape Girardeau	MO	63703	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1647	X	✗	Statewide	Missouri Alliance of Boys & Girls Clubs	122 N Ocean Drive	Port Lavaca	MO	77979	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
152	X	✗	Eastern	National Council on Alcoholism & Drug Abuse	8790 Manchester Road	Brentwood	MO	63144	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
052a	MO103389	✗	Southwest	Ozark Center	P.O. Box 2526 P.O. Box 2526	Joplin	MO	64803-2526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
052b	MO100650	✗	Southwest	Ozark Center	305 Virginia Street	Joplin	MO	64801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	052d	MO901501	✗	Southwest	Ozark Center	P.O. Box 2526 P.O. Box 2526	Joplin	MO	64803 -2526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	052l	MO100869	✓	Southwest	Ozark Center	P.O. Box 2526	Joplin	MO	64803 -2526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	053a	MO102159	✓	Central	Phoenix Programs Inc	90 East Leslie Lane	Columbia	MO	65202	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153av	MO100786	✓	Eastern	Preferred Family Healthcare	900 East LaHarpe Street PO Box 767	Kirkville	MO	63501 -0767	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ba	MO101824	✓	Eastern	Preferred Family Healthcare	P.O. Box 767	Kirkville	MO	63501 -0767	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153bb	MO102803	✓	Eastern	Preferred Family Healthcare Inc	1206 Veterans Memorial Parkway	Warrenton	MO	63383	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153bh	MO100193	✓	Eastern	Preferred Family Healthcare Inc	4928 Delmar Boulevard	Saint Louis	MO	63108 -1615	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153bn	MO101628	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501 -0767	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153bp	MO102414	✓	Eastern	Preferred Family Healthcare Inc	7020 Chippewa Street	Saint Louis	MO	63119 -5602	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ai	MO101449	✓	Eastern	Preferred Family Healthcare Inc	11701 West Florissant Avenue Suite 273	Florissant	MO	63033	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153am	MO101090	✓	Eastern	Preferred Family Healthcare Inc	411 East Locust Street	Union	MO	63084	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153as	MO100082	✓	Eastern	Preferred Family Healthcare Inc	2120 Parkway Drive	Saint Peters	MO	63376	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153at	MO100283	✓	Eastern	Preferred Family Healthcare Inc	108 North Sturgeon Street	Montgomery City	MO	63361 -2503	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153w	MO100503	✓	Eastern	Preferred Family Healthcare Inc	5025 Northrup Avenue	Saint Louis	MO	63110	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153e	MO105715	✓	Eastern	Preferred Family Healthcare Inc	2 Westbury Drive	Saint Charles	MO	63301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153aw	MO101136	✓	Eastern	Preferred Family Healthcare Inc	1601 Old South River Road	Saint Charles	MO	63303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ax	MO101458	✓	Eastern	Preferred Family Healthcare Inc	1111 S. Glenstone Ave	Springfield	MO	65801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ay	MO101486	✗	Eastern	Preferred Family Healthcare Inc	500 Clark Avenue	Union	MO	63084	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153az	MO101785	✓	Eastern	Preferred Family Healthcare Inc	1570 South Main Street	Saint Charles	MO	63303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ac	MO102019	✓	Northwest	Preferred Family Healthcare Inc	8333 East Blue Parkway	Kansas City	MO	64133	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153i	MO101797	✓	Central	Preferred Family Healthcare Inc	900 East LaHarpe Street	Kirkville	MO	63501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153l	MO101169	✓	Central	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153q	MO100668	✓	Central	Preferred Family Healthcare Inc	210 Hoover Road	Jefferson City	MO	65109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153f	MO105046	✓	Central	Preferred Family Healthcare Inc	3029 County Road 1325	Moberly	MO	65270 -5152	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153af	MO106093	✓	Central	Preferred Family Healthcare Inc	137 West Cedar Street	Kahoka	MO	63445	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153b	MO105723	✓	Central	Preferred Family Healthcare Inc	101 Adams Street	Jefferson City	MO	65101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153bq	MO103892	✓	Central	Preferred Family Healthcare Inc	1 Center Drive Suite 3	Brookfield	MO	64628	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153o	MO000025	✓	Northwest	Preferred Family Healthcare Inc	7 Westowne Street	Liberty	MO	64068	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153j	MO105038	✓	Northwest	Preferred Family Healthcare Inc	1702 Buckingham Drive	Saint Joseph	MO	64506 -3605	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153aq	MO903879	✓	Southwest	Preferred Family Healthcare Inc	2415 W Catalpa St	Springfield	MO	65807	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ah	MO100922	✓	Southwest	Preferred Family Healthcare Inc	5620 West Wildwood Ranch Parkway	Joplin	MO	64804 -4520	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153c	MO102477	✗	Central	Preferred Family Healthcare, Inc.	1119 South Missouri Street Suite D	Macon	MO	63552 -1485	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153g	MO105202	✗	Central	Preferred Family Healthcare, Inc.	1628 Oklahoma Avenue	Trenton	MO	64683	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	153k	MO106069	✗	Eastern	Preferred Family Healthcare, Inc.	1011 East Cherry Street	Troy	MO	63379	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153a	MO102125	✗	Eastern	Preferred Family Healthcare, Inc.	P.O. Box 767	Kirksville	MO	63501-4520	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153h	MO105780	✗	Eastern	Preferred Family Healthcare, Inc.	4355 Paris Gravel Road	Hannibal	MO	63401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153au	MO100765	✗	Eastern	Preferred Family Healthcare, Inc.	4066 Dunnica Avenue	Saint Louis	MO	63116	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1648	X	✗	Southeast	Prevention Consultants	104 E. Seventh Street	Rolla	MO	65401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	189	MO100591	✗	Eastern	Queen of Peace Center at Cathedral	325 North Newstead Avenue	Saint Louis	MO	63108	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057j	MO101436	✓	Northwest	ReDiscover	3720 Gillham Road	Kansas City	MO	64111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057k	MO102287	✓	Northwest	ReDiscover	901 NE Independence Avenue	Lees Summit	MO	64086	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057l	MO100192	✓	Northwest	ReDiscover	P.O. Box 10025	Kansas City	MO	64127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057m	MO100191	✗	Northwest	ReDiscover	3211 Woodland Avenue	Kansas City	MO	64109-2073	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057n	MO100667	✓	Northwest	ReDiscover	1555 E Rice Road	Lees Summit	MO	64086	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057o	MO100716	✓	Northwest	ReDiscover	1555-E NE Rice Road	Lees Summit	MO	64086-6034	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057q	MO102352	✓	Northwest	ReDiscover	1579 Northeast Rice Road	Lees Summit	MO	64081-5849	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	089a	MO750403	✓	Eastern	Salvation Army	1130 Hampton Avenue	Saint Louis	MO	63139-3147	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	089b	MO101033	✗	Eastern	Salvation Army	1130 Hampton Avenue	Saint Louis	MO	63139-3147	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1651	X	✗	Northwest	SAVE Inc	3000 Harrison St	Kansas City	MO	64109-0000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158q	MO101469	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63902	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158s	MO101470	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158t	MO101518	✓	Southeast	Southeast Missouri Behavioral Health	1014 West Highway 28	Owensville	MO	65066	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158a	MO000022	✓	Southeast	Southeast Missouri Behavioral Health	101 South Main Street P.O. Box 107	Poplar Bluff	MO	63901-0107	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158ab	MO100236	✓	Southeast	Southeast Missouri Behavioral Health	203 North Grand P.O. Box 429	Salem	MO	65560	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158ac	MO100275	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63902-0107	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158ad	MO903853	✓	Southeast	Southeast Missouri Behavioral Health	203 North Grand Street	Salem	MO	65560	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158ae	MO100730	✓	Southeast	Southeast Missouri Behavioral Health	402 North Grand Street	Salem	MO	65560-1270	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158ag	MO102465	✓	Southeast	Southeast Missouri Behavioral Health	1103 Weber Road	Farmington	MO	63640-3345	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158b	MO103157	✓	Southeast	Southeast Missouri Behavioral Health	1542 Sainte Genevieve Avenue	Farmington	MO	63640	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158c	MO902319	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640-0459	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
					Southeast												

	158d	MO102124	✓	Southeast	Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640-0459	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158e	MO102571	✓	Southeast	Southeast Missouri Behavioral Health	10048 Settle Mill Road	Cadet	MO	63630	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158h	MO000021	✓	Southeast	Southeast Missouri Behavioral Health	101 S Main Street	Poplar Bluff	MO	63901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158j	MO103165	✓	Southeast	Southeast Missouri Behavioral Health	312 North Franklin Street	Cuba	MO	65453	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158k	MO103140	✓	Southeast	Southeast Missouri Behavioral Health	1051 Kings Highway Suite 5	Rolla	MO	65401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158o	MO101468	✓	Southeast	Southeast Missouri Behavioral Health	104A Washington Street	Doniphan	MO	63935	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158p	MO101451	✗	Eastern	Southeast Missouri Behavioral Health	1430 Doubet Road	Farmington	MO	63640	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1694	X	✗	Southeast	Southeast Missouri State University	One University Plaza	Cape Girardeau	MO	63701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	185	MO105152	✓	Northwest	Tri County Mental Health Services	3100 NE 83rd Street Suite 1001	Kansas City	MO	64119	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	255	MO103504	✗	Northwest	Truman Medical Center Behavioral Health	300 West 19th Terrace	Kansas City	MO	64108-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	061a	MO100016	✗	Central	Turning Point Recovery Center	146 Communication Drive	Hannibal	MO	63401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	061b	MO101011	✗	Central	Turning Point Recovery Center	201 East Monroe Street Suite 103	Mexico	MO	65265-2852	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	061c	MO100315	✗	Central	Turning Point Recovery Center	3125 Palmyra Road	Hannibal	MO	63401-3672	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	061f	MO106671	✗	Central	Turning Point Recovery Center	100 East Rollins Street Suite A	Moberly	MO	65270	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	061g	MO100718	✓	Central	Turning Point Recovery Center	504 Lewis Street	Canton	MO	63435	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	061i	MO101793	✓	Central	Turning Point Recovery Center	1420 Business 61 South Unit G	Bowling Green	MO	63334	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	061	MO750098	✗	Eastern	Turning Point Recovery Centers	146 Communications Drive	Hannibal	MO	63401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4074	MO101724	✗	Southwest	VCPHCS XV, LLC	P.O. Box 4692	Joplin	MO	64804	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	269	MO105087	✗	Eastern	Westend Clinic Inc	5736 West Florissant Avenue	Saint Louis	MO	63120	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Indicates the imported record has an error.

Note: ¹42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

The entity table was not uploaded due to an issue with WebBGAS that will be resolved.

The webBGAS technical team is currently working on the issue.

Missouri is not being required to enter the information manually.

Missouri will request a revision once the data is uploaded and make the table submission at a later date/time.

Per Email with Linda Fulton on 11-9-23

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention, Treatment, and Recovery

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Dates given are for the FFY 2024 SUPTRS BG Report. For the FFY 2025 SUPTRS BG report, please increase each year by one. For detailed instructions, see those in BGAS.

Expenditure Period Start Date: 7/1/22 Expenditure Period End Date: 6/30/23

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$68,029,909.26	
SFY 2022 (2)	\$68,771,469.00	\$68,400,689.13
SFY 2023 (3)	\$69,370,498.00	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2021	Yes	X	No
SFY 2022	Yes	X	No
SFY 2023	Yes	X	No

Did the state or jurisdiction have any non-recurring expenditures as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes	No	X
-----	----	---

If yes, specify the amount and the State fiscal year:

If yes, SFY:

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes	No
-----	----

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations?

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
The SAPT Block Grant MOE is an average of the two prior year's state expenditures. State expenditures are tracked in the SAMII Accounting system by appropriation and project code when applicable.
year's state expenditures. State expenditures are tracked in the SAMII Accounting system by appropriation and project code when applicable.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 7/1/22 Expenditure Period End Date: 6/30/23

Base

Period	Total Women's Base (A)
SFY 1994	\$ 7,728,020.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 7,805,326.00	
SFY 2022		\$ 11,266,247.00	
SFY 2023		\$ 8,455,110.00	<div> <input checked="" type="radio"/> Actual <input type="radio"/> Estimated </div>
Enter the amount the State plans to expend in SFY 2024 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 8,455,110.00;			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

State Funds = \$4,061,095

SUPTRS Block Grant = \$1,515,494

COVID-19 Relief Funds = \$376,694

ARP Funds = \$89,255

Medicaid (State) = \$2,412,572

Methods:

In April 2014, enhancements were done to the Customer Information Management Outcomes and Reporting (CIMOR) system to automatically include the Women & Children project code (AAWOM) to all Women & Children expenditures.

Table 8b Expenditures for Pregnant Women and Women with Dependent Children - The Division used the following method to calculate the amounts for the base and subsequent years for services to pregnant women and women with dependent children. The Department of Mental Health Customer Information Management, Outcomes and Reporting system captures services delivered to clients by service code. For the base year 1994, all payments for services to women at programs meeting the requirements of Section 1922© and Section 96.124 (e) were summed and segregated by funding source (Federal Block Grant and Non -Federal or State Funds).

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Pregnant women/teens	1. Information Dissemination	
	1. Clearinghouse/information resources centers	10
	3. Media campaigns	1
	8. Information lines/Hot lines	1
Violent and delinquent behavior	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	12
	2. Education	
	2. Ongoing classroom and/or small group sessions	7
	4. Education programs for youth groups	7
	5. Mentors	2
	3. Alternatives	
	2. Youth/adult leadership activities	3
	6. Recreation activities	13
	4. Problem Identification and Referral	
	2. Student Assistance Programs	4
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	15
	4. Community team-building	13
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	3. Modifying alcohol and tobacco advertising practices	11
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	17
	2. Resources directories	17
	3. Media campaigns	1

	4. Brochures	17
	5. Radio and TV public service announcements	11
	6. Speaking engagements	11
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	11
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	10
	2. Ongoing classroom and/or small group sessions	10
	4. Education programs for youth groups	10
	5. Mentors	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	11
	2. Systematic planning	11
	3. Multi-agency coordination and collaboration/coalition	12
	5. Accessing services and funding	11
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
Economically disadvantaged	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	16
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	2. Education	
	1. Parenting and family management	11
	2. Ongoing classroom and/or small group sessions	5
	4. Education programs for youth groups	11
	5. Mentors	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	11
	2. Systematic planning	11

	3. Multi-agency coordination and collaboration/coalition	17
	4. Community team-building	10
	5. Accessing services and funding	17
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	10
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	10
Already using substances	2. Education	
	1. Parenting and family management	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	16
	4. Community team-building	11
	5. Accessing services and funding	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	13
Children of People who Misuse Substances	2. Resources directories	12
	3. Media campaigns	10
	4. Brochures	17
	5. Radio and TV public service announcements	10
	6. Speaking engagements	12
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	5
	3. Peer leader/helper programs	3
	4. Education programs for youth groups	15
	5. Mentors	2
	3. Alternatives	
	2. Youth/adult leadership activities	10
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-	11

	training, staff/officials training	
	2. Systematic planning	18
	3. Multi-agency coordination and collaboration/coalition	17
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	11
	3. Modifying alcohol and tobacco advertising practices	11
People Who End High School Pre-Graduation	1. Information Dissemination	
	1. Clearinghouse/information resources centers	10
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	10
	5. Accessing services and funding	10
People with Differing Physical Abilities	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	10
People Who Experience Abuse	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	5. Community-Based Process	
	2. Systematic planning	11
People With Housing Insecurity	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	11
	5. Community-Based Process	
	2. Systematic planning	10
	3. Multi-agency coordination and collaboration/coalition	13

	4. Community team-building	10
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0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

IV: Population and Services Reports

Table 10a – Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served ¹		ARP Number of Admissions > Number of Persons Served ²		SUPTRS BG Service Costs			COVID-19 Costs ¹			ARP Costs ²		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
DETOXIFICATION (24-HOUR CARE)															
1. Hospital Inpatient	287	284	135	132	31	31	1,211.69	526.82	1,933.93	1,869.06	1,493.10	2,078.49	985.19	510.09	1,102.61
2. Free-Standing Residential	2,201	1,933	446	435	0	0	784.76	391.98	1,033.50	840.07	386.35	1,044.67	0.00	0.00	0.00
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient	37	37	7	7	0	0	930.29	356.56	1,244.06	288.49	133.71	351.56	0.00	0.00	0.00
4. Short-term (up to 30 days)	5,247	4,669	1,719	1,577	0	0	771.79	436.80	1,275.21	697.85	368.74	1,394.13	0.00	0.00	0.00
5. Long-term (over 30 days)	14	14	3	3	0	0	225.63	73.68	452.93	1,666.27	69.36	2,775.22	0.00	0.00	0.00
AMBULATORY (OUTPATIENT)															
6. Outpatient	8,848	8,151	2,265	2,226	208	208	581.42	240.36	1,061.10	430.63	119.16	813.28	529.17	253.88	745.44
7. Intensive Outpatient	8,295	7,733	4,239	4,092	46	45	498.93	159.18	897.54	273.41	60.80	571.82	736.99	335.71	937.06
8. Detoxification	0	0	3	3	0	0	0.00	0.00	0.00	550.42	172.76	663.75	0.00	0.00	0.00
MOUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification	309	306	162	159	8	8	1,112.47	510.09	1,504.15	1,612.91	891.40	2,039.26	391.16	37.44	904.78
10. MOUD Medication-Assisted Treatment Outpatient	4,742	4,484	840	829	30	30	658.39	247.48	1,227.15	664.72	330.40	889.52	467.72	254.04	588.37

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

³In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively. In prior SUPTRS BG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is "MOUD & Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "MOUD Medication-Assisted Treatment Detoxification," Row 9 and "MOUD & Medication Assisted Treatment Outpatient," Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

IV: Population and Services Reports

Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

	Age 0-5 ¹							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

¹Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	2	4	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	5	7	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	9	8	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	31	44	0	0	1	0	0	402	662	0	1	0	0	0
Peer-Led Support Group	40	49	0	1	0	0	0	507	685	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	58	70	0	0	0	1	0	849	1,052	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	1	1	0	0	0	0	0	46	20	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	3	0	0	0	0	0	0	5	11	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	131	298	0	0	0	0	0	10	26	0	0	0	0	0
Peer-Led Support Group	161	324	0	0	0	0	0	2	15	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	291	521	0	0	0	0	0	9	30	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	13	8	0	0	0	0	0	0	1	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	5	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	577	1,036	0	1	1	0	0
Peer-Led Support Group	715	1,080	0	1	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0
Recovery Housing	1,216	1,681	1	0	0	1	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0
Recovery Support Service Transportation	61	30	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	8	16	0	0	0	0	0
Comments on Data (Age):							
Comments on Data (Gender):							
Comments on Data (Overall):							

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

Missouri’s Recovery Community Centers serves nearly 26,000 consumers annually; however, since those services are not billed per consumer, these services are not included in this table.

Missouri DBH pays for Peer Certification Trainings for Certified Peer Specialists, Family Support Providers, and Youth Peer Specialists; however, the trainings are not provided within a Recovery Support Services program.

DBH pays for Recovery Month activities through the Missouri Coalition of Recovery Support Providers

DBH sponsors/partners with the statewide Recovery Friendly Workplace Initiative. DBH requires Employment Specialists at the Recovery Community Centers.

IV: Population and Services Reports

Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Total									American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	102	154	0	0	0	0	0	256	0	0	0	0	0	0	0
13-17 years	592	732	0	0	0	0	0	1,324	1	1	0	0	0	0	0
18-20 years	282	362	0	0	0	0	0	644	0	0	0	0	0	0	0
21-24 years	742	880	0	4	2	2	0	1,630	1	2	0	0	0	0	0
25-44 years	10,276	12,594	2	4	0	0	0	22,876	12	25	0	0	0	0	0
45-64 years	3,504	6,468	0	4	0	0	0	9,976	5	6	0	0	0	0	0
65-74 years	376	642	0	0	0	0	0	1,018	0	1	0	0	0	0	0
75+ years	40	18	0	0	0	0	0	58	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	15,914	21,850	2	12	2	2	0	37,782	19	35	0	0	0	0	0
Pregnant Women	476								0						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period		8391													
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10		14606													

Are the values reported in this table generated from a client-based system with unique identifiers?

☒ Yes ☐ No

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	0	0	0	0	0	0	0	6	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	24	46	0	0	0	0	0
18-20 years	1	0	0	0	0	0	0	7	12	0	0	0	0	0
21-24 years	2	0	0	0	0	0	0	34	63	0	0	0	0	0
25-44 years	3	19	0	0	0	0	0	528	1,062	0	0	0	0	0
45-64 years	1	3	0	0	0	0	0	240	890	0	1	0	0	0
65-74 years	0	1	0	0	0	0	0	39	132	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	4	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7	23	0	0	0	0	0	879	2,209	0	1	0	0	0
Pregnant Women	1							31						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	40	70	0	0	0	0	0
13-17 years	1	1	0	0	0	0	0	245	284	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	120	149	0	0	0	0	0
21-24 years	1	0	0	0	0	0	0	296	334	0	1	1	1	0
25-44 years	2	6	0	0	0	0	0	4,309	4,832	1	2	0	0	0
45-64 years	0	1	0	0	0	0	0	1,436	2,190	0	1	0	0	0
65-74 years	0	0	0	0	0	0	0	146	182	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	19	4	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	8	0	0	0	0	0	6,611	8,045	1	4	1	1	0
Pregnant Women	0							192						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	1	3	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	16	23	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	7	14	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	28	19	0	1	0	0	0
25-44 years	0	0	0	0	0	0	0	245	257	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	58	115	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	2	2	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	357	434	0	1	0	0	0
Pregnant Women	0							13						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	4	4	0	0	0	0	0	50	74	0	0	0	0	0
13-17 years	9	11	0	0	0	0	0	287	347	0	0	0	0	0
18-20 years	6	6	0	0	0	0	0	128	168	0	0	0	0	0
21-24 years	9	22	0	0	0	0	0	359	412	0	2	1	1	0
25-44 years	39	96	0	0	0	0	0	4,996	6,086	1	2	0	0	0
45-64 years	12	29	0	0	0	0	0	1,704	3,158	0	2	0	0	0
65-74 years	1	3	0	0	0	0	0	185	317	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	19	9	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	80	171	0	0	0	0	0	7,728	10,571	1	6	1	1	0
Pregnant Women	1							232						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	1	3	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	9	19	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	13	13	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	12	28	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	142	211	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	48	76	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	3	4	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	229	354	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	6							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use¹

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

Total	American Indian or Alaska Native
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	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ²	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0
13-17 years	194	320	0	0	0	0	0	514	0	0	0	0	0	0	0
18-20 years	114	188	0	0	0	0	0	302	0	0	0	0	0	0	0
21-24 years	334	482	0	2	2	0	0	820	0	2	0	0	0	0	0
25-44 years	5,486	7,196	2	4	0	2	0	12,690	8	13	0	0	0	0	0
45-64 years	1,784	3,520	0	4	0	0	0	5,308	4	3	0	0	0	0	0
65-74 years	108	284	0	0	0	0	0	392	0	0	0	0	0	0	0
75+ years	2	6	0	0	0	0	0	8	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	8,022	11,998	2	10	2	2	0	20,036	12	18	0	0	0	0	0
Pregnant Women	232								0						

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

²Age category 0-5 years is not applicable.

Comments on Data (Race)

Comments on Data (Gender)

Comments on Data (Overall)

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	1	0	0	0	0	0	9	15	0	0	0	0	0
18-20 years	1	0	0	0	0	0	0	4	10	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	16	38	0	0	0	0	0
25-44 years	2	10	0	0	0	0	0	265	605	0	0	0	0	0
45-64 years	1	3	0	0	0	0	0	128	451	0	1	0	0	0
65-74 years	0	0	0	0	0	0	0	12	48	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	14	0	0	0	0	0	434	1,168	0	1	0	0	0
Pregnant Women	0							21						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	80	119	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	49	71	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	137	183	0	0	1	0	0
25-44 years	2	4	0	0	0	0	0	2,323	2,777	1	2	0	1	0
45-64 years	0	0	0	0	0	0	0	721	1,242	0	1	0	0	0
65-74 years	0	0	0	0	0	0	0	42	90	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	2	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	4	0	0	0	0	0	3,353	4,484	1	3	1	1	0
Pregnant Women	0							88						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	6	13	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	3	8	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	12	16	0	1	0	0	0
25-44 years	0	0	0	0	0	0	0	129	139	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	33	47	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	4	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	183	227	0	1	0	0	0
Pregnant Women	0							7						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	2	12	0	0	0	0	0	91	146	0	0	0	0	0

18-20 years	0	5	0	0	0	0	0	55	89	0	0	0	0	0
21-24 years	2	2	0	0	0	0	0	162	236	0	1	1	0	0
25-44 years	14	50	0	0	0	0	0	2,676	3,476	1	2	0	1	0
45-64 years	5	14	0	0	0	0	0	858	1,716	0	2	0	0	0
65-74 years	0	0	0	0	0	0	0	53	142	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	3	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	23	84	0	0	0	0	0	3,895	5,808	1	5	1	1	0
Pregnant Women	0							115						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	6	14	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	2	5	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	5	5	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	67	122	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	34	44	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	1	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	116	191	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	1							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

Sexual Orientation									
A. Age	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0

Footnotes:
Table 11a and 11b: The totals calculated by the table are showing twice as many consumers as were served. Race and Ethnicity are two separate constructs; therefore, they cannot be added together. Since each individual is counted once in the Race categories and once in the Ethnicity categories, the sum of all results in exactly twice real number of consumers. These tables should be separated, or the totals should only include the sum of either race or ethnicity. The overall total consumers served in FY 2023 for Table 11a should be 18,891.

Table 11c: Missouri DBH does not collect sexual orientation.

IV: Population and Services Reports

Table 12 - SUPTRS BG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide: _____	Rural: _____
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

Missouri is not an HIV designated state.

IV: Population and Services Reports

Table 13 - Charitable Choice – Required

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance use disorder provider (“alternative provider”) to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☒ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA’s Behavioral Health Treatment Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance use disorder providers (“alternative providers”) necessitated by religious objection, as defined above, made during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

Recovery Support Services (RSS) supports a voucher-based program, of which consumer choice is fundamental. Each consumer served can choose between at least two service providers, to which at least one they have no religious objection. That basic premise is repeated in all RSS policies and trainings. Additionally, a free-choice statement is printed on every RSS voucher.

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Footnotes:

V: Performance Data and Outcomes

Table 14 - Treatment Performance Measure: Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,093	1,076
Total number of clients with non-missing values on employment/student status [denominator]	4,661	4,661
Percent of clients employed or student (full-time and part-time)	23.4 %	23.1 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		3,023
Number of CY 2022 discharges submitted:		5,360
Number of CY 2022 discharges linked to an admission:		5,319
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,181
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		4,661

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		23
Number of CY 2022 discharges submitted:		0
Number of CY 2022 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,675	5,054
Total number of clients with non-missing values on employment/student status [denominator]	9,774	9,774
Percent of clients employed or student (full-time and part-time)	47.8 %	51.7 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,801
Number of CY 2022 discharges submitted:		15,273
Number of CY 2022 discharges linked to an admission:		14,506
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,565
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		9,774

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,375	4,652
Total number of clients with non-missing values on employment/student status [denominator]	12,655	12,655
Percent of clients employed or student (full-time and part-time)	34.6 %	36.8 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,604
Number of CY 2022 discharges submitted:		20,874
Number of CY 2022 discharges linked to an admission:		20,240
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		19,315

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	12,655
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

Table 15 - Treatment Performance Measure: Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	3,254	3,335
Total number of clients with non-missing values on living arrangements [denominator]	4,277	4,277
Percent of clients in stable living situation	76.1 %	78.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		3,023
Number of CY 2022 discharges submitted:		5,360
Number of CY 2022 discharges linked to an admission:		5,319
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,181
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		4,277

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		23
Number of CY 2022 discharges submitted:		0
Number of CY 2022 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		0

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	8,477	8,530
Total number of clients with non-missing values on living arrangements [denominator]	9,126	9,126
Percent of clients in stable living situation	92.9 %	93.5 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,801
Number of CY 2022 discharges submitted:		15,273
Number of CY 2022 discharges linked to an admission:		14,506
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,565
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		9,126

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	10,320	10,371
Total number of clients with non-missing values on living arrangements [denominator]	11,688	11,688
Percent of clients in stable living situation	88.3 %	88.7 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,604
Number of CY 2022 discharges submitted:		20,874
Number of CY 2022 discharges linked to an admission:		20,240
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		19,315
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		11,688

Footnotes:

V: Performance Data and Outcomes

Table 16 - Treatment Performance Measure: Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,017	4,131
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,628	4,628
Percent of clients without arrests	86.8 %	89.3 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		3,023
Number of CY 2022 discharges submitted:		5,360
Number of CY 2022 discharges linked to an admission:		5,319
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,208
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		4,628

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		23
Number of CY 2022 discharges submitted:		0
Number of CY 2022 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	9,161	9,223
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,631	9,631
Percent of clients without arrests	95.1 %	95.8 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,801
Number of CY 2022 discharges submitted:		15,273
Number of CY 2022 discharges linked to an admission:		14,506
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,789
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		9,631

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	11,687	11,806
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	12,642	12,642
Percent of clients without arrests	92.4 %	93.4 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,604
Number of CY 2022 discharges submitted:		20,874
Number of CY 2022 discharges linked to an admission:		20,240
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		19,757

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	12,642
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

Table 17 - Treatment Performance Measure: Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	3,348	3,483
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,933	4,933
Percent of clients abstinent from alcohol	67.9 %	70.6 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		301
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,585	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		19.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,182
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,348	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	3,023
Number of CY 2022 discharges submitted:	5,360
Number of CY 2022 discharges linked to an admission:	5,319
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,208
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	4,933

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	23
Number of CY 2022 discharges submitted:	0
Number of CY 2022 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	9,482	9,893
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,463	11,463
Percent of clients abstinent from alcohol	82.7 %	86.3 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,125
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,981	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		56.8 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		8,768
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9,482	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.5 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	11,801
Number of CY 2022 discharges submitted:	15,273
Number of CY 2022 discharges linked to an admission:	14,506
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,789
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	11,463

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	11,913	12,828
All clients with non-missing values on at least one substance/frequency of use [denominator]	15,806	15,806
Percent of clients abstinent from alcohol	75.4 %	81.2 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,673
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,893	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		43.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		11,155
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	11,913	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.6 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	11,604
Number of CY 2022 discharges submitted:	20,874
Number of CY 2022 discharges linked to an admission:	20,240
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	19,757
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	15,806

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

Table 18 - Treatment Performance Measure: Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,135	1,695
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,933	4,933
Percent of clients abstinent from drugs	23.0 %	34.4 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		778
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,798	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		20.5 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		917
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,135	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		80.8 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	3,023
Number of CY 2022 discharges submitted:	5,360
Number of CY 2022 discharges linked to an admission:	5,319
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,208
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	4,933

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	23
Number of CY 2022 discharges submitted:	0
Number of CY 2022 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	6,276	6,500
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,463	11,463
Percent of clients abstinent from drugs	54.8 %	56.7 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,691
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,187	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		32.6 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,809
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,276	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.6 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	11,801
Number of CY 2022 discharges submitted:	15,273
Number of CY 2022 discharges linked to an admission:	14,506
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,789
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	11,463

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]**Intensive Outpatient (IO)****A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	7,029	8,216
All clients with non-missing values on at least one substance/frequency of use [denominator]	15,806	15,806
Percent of clients abstinent from drugs	44.5 %	52.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,913
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8,777	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		33.2 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		5,303
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,029	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.4 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	11,604
Number of CY 2022 discharges submitted:	20,874
Number of CY 2022 discharges linked to an admission:	20,240
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	19,757
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	15,806

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

Table 19 – State Description of Social Support of Recovery Data Collection

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	644	1,151
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	4,624	4,624
Percent of clients participating in self-help groups	13.9 %	24.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	11.0 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		3,023
Number of CY 2022 discharges submitted:		5,360
Number of CY 2022 discharges linked to an admission:		5,319
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,208
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		4,624

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	23	
Number of CY 2022 discharges submitted:	0	

Number of CY 2022 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,729	2,052
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	8,712	8,712
Percent of clients participating in self-help groups	19.8 %	23.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.7 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	11,801	
Number of CY 2022 discharges submitted:	15,273	
Number of CY 2022 discharges linked to an admission:	14,506	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,789	
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	8,712	

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	2,199	2,432
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	11,292	11,292
Percent of clients participating in self-help groups	19.5 %	21.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.1 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	11,604	

Number of CY 2022 discharges submitted:	20,874
Number of CY 2022 discharges linked to an admission:	20,240
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	19,757
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	11,292

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	7	2	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	34	10	21	30
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	153	41	91	204
7. Intensive Outpatient	145	33	88	189
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	29	2	3	4
10. OUD Medication-Assisted Treatment Outpatient ²	204	42	122	313

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	3767	3549
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	5360	5319

5. Long-term (over 30 days)	0	0
AMBULATORY (OUTPATIENT)		
6. Outpatient	15273	12848
7. Intensive Outpatient	20874	20240
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹		61
10. OUD Medication-Assisted Treatment Outpatient ²		1658

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

² OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]" Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]" Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.]" Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]" Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. 30-day Use of Illicit Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]? ^[2] " Outcome Reported: Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2020 - 2021		

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[2]NSDUH asks separate questions for each illicit drug. The number provided combines responses to all questions about illicit drugs other than marijuana or hashish.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 23 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]" Outcome Reported: Average age at first use of alcohol.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. Age at First Use Heroin	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]" Outcome Reported: Average age at first use of heroin.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] ^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]" Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2020 - 2021		
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2020 - 2021		
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2020 - 2021		
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2020 - 2021		
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2020 - 2021		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 25 – Substance Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use
Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]" Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 26 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2020		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 27 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 28 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2021		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 29 – Substance Use Disorder Primary Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2020 - 2021		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" ^[1] [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2020 - 2021		

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2020 - 2021		

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, 34 and 35

Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
2. Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
3. Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2021	12/31/2021
4. Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2021	12/31/2021
5. Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2020	9/30/2022

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri is using a manual data collection system

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collected and recorded a participant's race through a manual collection process. Participants who were more than one race were reported under a single race or "race not known or other" until September 2016. Starting in October 2016, Missouri added a subcategory for more than one race.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	647,732
0-5	5,805
6-12	20,149
13-17	45,939
18-20	8,089
21-24	9,544
25-44	18,408
45-64	11,405
65-74	
75 and Over	2,556
Age Not Known	525,837
B. Gender	647,732
Male	66,352
Female	80,582
Trans man	
Trans woman	
Gender non-conforming	
Other	500,798
C. Race	647,732
White	105,133
Black or African American	22,538
Native Hawaiian/Other Pacific Islander	232

Asian	1,075
American Indian/Alaska Native	156
More Than One Race (not OMB required)	2,447
Race Not Known or Other (not OMB required)	516,151
D. Ethnicity	647,732
Hispanic or Latino	19,320
Not Hispanic or Latino	103,610
Ethnicity Unknown	524,802

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

The count reported in the '75 and over' category includes individuals for '65-74' and '75 and over' as the data collected during this time period was did not break out these age groups during the collection period.

V: Performance Data and Outcomes

Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	5404834
0-5	0
6-12	231702
13-17	393013
18-20	235187
21-24	322819
25-44	1586731
45-64	1545668
65-74	630388
75 and Over	459326
Age Not Known	0
B. Gender	5404834
Male	2635251
Female	2769583
Trans man	0
Trans woman	0
Gender non-conforming	0
Other	0
C. Race	5404834
White	4575336
Black or African American	651761
Native Hawaiian/Other Pacific Islander	0

Asian	139000
American Indian/Alaska Native	38737
More Than One Race (not OMB required)	0
Race Not Known or Other (not OMB required)	0
D. Ethnicity	5404834
Hispanic or Latino	221365
Not Hispanic or Latino	5183469
Ethnicity Unknown	0

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	\$0.00
Number of Persons Served ¹	647,732	5,404,834

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

Missouri is opting out of this form.

V: Performance Data and Outcomes

Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
 - Guideline 1:
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Missouri utilizes the Strategic Prevention Framework model to implement the four guidelines. The process includes: assessment of the community needs and readiness; capacity building to mobilize and address the needs of the community; development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs; implementation of the prevention plan; and evaluation of the results to achieve sustainability and cultural competency. Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network and SAMHSA's Center for Substance Abuse Prevention. The Division of Behavioral Health ultimately determines whether or not a chosen intervention falls under the parameters of the guidelines.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Missouri collects data on the number of programs and strategies through a manual collection process utilizing monthly progress and fidelity reporting forms.

Table 34 - SUBSTANCE USE DISORDER PRIMARY PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	350	410	760	116	0	876
2. Total number of Programs and Strategies Funded	350	410	760	116	0	876
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %		100.00 %

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 710	\$2,516,011.05
Universal Indirect	Total # 803	\$80,718.73
Selective	Total # 234	\$2,292,227.51
Indicated	Total # 0	\$0.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 1,747	Total Dollars Spent: \$4,888,957.29

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

Amount of primary prevention funds for primary prevention programs = \$4,888,957.29

Amount of primary prevention funds in Table 4, Line 2 that are planned for Prevention-SA resource development = \$567,582.82

V: Performance Data and Outcomes

Prevention Attachments

Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes: